

AIDS CASE MANAGEMENT PROGRAM/AIDS MEDI-CAL WAIVER PROGRAM
COMPREHENSIVE SERVICE PLAN

<input type="checkbox"/> CMP CLIENT <input type="checkbox"/> MCWP CLIENT						EVALUATION				
LONG TERM GOAL(S):						DATE/INITIALS/CODE				
DATE PROBLEM IDENTIFIED	PROBLEM/NEED	GOAL(S)	INTERVENTION(S) <small>SERVICE / QUANTITY / FREQUENCY / DURATION / TYPE OF SERVICE</small>	PSC	START OF SERVICE					

RN Case Manager: Signature / Initials <div style="text-align: center; height: 40px; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center; height: 40px; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center; height: 40px; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center; height: 40px; border-bottom: 1px solid black;"></div>	SW Case Manager: Signature / Initials <div style="text-align: center; height: 40px; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center; height: 40px; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center; height: 40px; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center; height: 40px; border-bottom: 1px solid black;"></div>	Payment Source Codes <div style="display: flex; justify-content: space-between;"> Medi-Cal Waiver (MCW) W </div> <div style="display: flex; justify-content: space-between;"> Private/3rd Party 1 </div> <div style="display: flex; justify-content: space-between;"> CMP 2 </div> <div style="display: flex; justify-content: space-between;"> Medi-Cal 3 </div> <div style="display: flex; justify-content: space-between;"> Medicare 4 </div> <div style="display: flex; justify-content: space-between;"> Multiple (see progress notes) 5 </div> <div style="display: flex; justify-content: space-between;"> Other (see progress notes) 6 </div> <div style="display: flex; justify-content: space-between;"> Care Title I/II 7 </div> <div style="display: flex; justify-content: space-between;"> HOPWA 8 </div>	Evaluation Codes <div style="display: flex; justify-content: space-between;"> Referral Initiated A </div> <div style="display: flex; justify-content: space-between;"> Referral Refused B </div> <div style="display: flex; justify-content: space-between;"> Services Refused/Cont. to Adv. C </div> <div style="display: flex; justify-content: space-between;"> Services Initiated D </div> <div style="display: flex; justify-content: space-between;"> Services Continued E </div> <div style="display: flex; justify-content: space-between;"> Services Continued w/ Changes F </div> <div style="display: flex; justify-content: space-between;"> Services Discontinued G </div> <div style="display: flex; justify-content: space-between;"> Services Not Delivered H </div> <div style="display: flex; justify-content: space-between;"> Goal Achieved I </div>
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M.D. sent copy/notified of contents of initial plan? YES Date:
Initial Service Plan Discussed with Client? YES Date:

CLIENT NAME:	CHART NUMBER:
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						Evaluation Review, and/or changes DATE/INITIALS/CODE				
DATE PROBLEM IDENTIFIED	PROBLEM/NEED	GOAL(S)	INTERVENTION(S) SERVICE / QUANTITY / FREQUENCY / DURATION / TYPE OF SERVICE	PSC	START OF SERVICE					

CLIENT NAME: CHART NUMBER: